

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16439

FILED JUN 4 1943 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4767

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homes & Phelps Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs (Specify whether
In this community 15 yrs years, months or days)

3. (a) PRINT FULL NAME Virginia Normant

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, Separated
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec 22 1898 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 4 28 hr. min.

9. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business —

12. Name Joseph Traylor
13. Birthplace unk Miss Ga (City, town, or county) (State or foreign country)
14. Maiden name Henia Collins
15. Birthplace unk Miss 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie L. Orden

(b) Address 3513 Evans ave

17. (a) Burial (b) Date thereof 5-25-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Handerson

(b) Address 3133 Bell ave

19. (a) MAY 24 1943 (b) J. F. Brudeck (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3513 Evans ave (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 —;
that I last saw him — alive on — 19 —;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis;
Cardiac Hypertrophy.

Due to —

Due to —

Other conditions (include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (e) Means of injury 3

23. Signature — (M. D. or other)

Address — Date signed 5/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.